FORM APPROVED OMB NO. 0938-0391

DELAN OF CORRECTION INDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED				
	445319	B. WING		C 11/01/2016	_	
11/0					-	
AT WINCHESTER (CARE & REHABILITATION CENTE	_{=R} :	32 MEMORIAL DRIVE			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION	1	
Complaint investig Willows at Winch ehabilitation Cent eficiencies were of equirements for L 33.13(c) PROHIBI ISTREATMENT/N he facility must de plicies and proced istreatment, negle	ation #39879 was completed nester Health and er on 10/31/16-11/1/16. bited under 42 CFR Part 483 ong Term Care Facilities. T NEGLECT/MISAPPROPRIATN Evelop and implement written ures that prohibit ect, and abuse of residents		submitted as required by law. By submitting this Plan of Correction, Willows of Winchester does not ad the deficiency listed on this form exdoes the Center admit to any state findings, facts, or conclusions that the basis for the alleged deficiency The Center reserves the right to chain legal and/or regulatory or administrative proceedings the deficiency	mit that xist, nor ments, form allenge		
r: ased on facility po view, facility inves e facility failed to f ontrolled substanc isappropriation of 3 residents reviev	olicy review, medical record stigation review, and interview, follow their policy for es which allowed for narcotics for 1 resident (#1) wed for misappropriation.		accomplished for those residents fo have been affected by the deficient practice.	und to		
eview of facility povised 12/12 reveal mply with all laws andling, storageontrolled substanciust be stored in thouble lockexceptedications for resi	licy, Controlled Substances, led, "The facility shall , regulationsrequired to of Schedule II and other esControlled substances e medication cart under twhen it is accessed to obtain dentsNursing staff must		Ativan on 11/04/16. Resident #1 e on 10/18/16. 2. How the facility will identify other.	xpired		
	SUMMARY STA SUMMARY STA (EACH DEFICIENCY REGULATORY OR L SUMMARY STA (EACH DEFICIENCY REGULATORY REGULATORY (EACH DEFICIENCY REGULATORY REGULATORY (EACH DEFICIENCY REGULATORY REGULATO	AT WINCHESTER CARE & REHABILITATION CENTI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) WITIAL COMMENTS Complaint investigation #39879 was completed willows at Winchester Health and ehabilitation Center on 10/31/16-11/1/16. eficiencies were cited under 42 CFR Part 483 equirements for Long Term Care Facilities. 33.13(c) PROHIBIT ISTREATMENT/NEGLECT/MISAPPROPRIATN the facility must develop and implement written policies and procedures that prohibit istreatment, neglect, and abuse of residents and misappropriation of resident property.	A BUILDING 445319 B. WING A WINCHESTER CARE & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A BUILDING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 AUTIAL COMMENTS F 000 Complaint investigation #39879 was completed Willows at Winchester Health and ehabilitation Center on 10/31/16-11/1/16. eficiencies were cited under 42 CFR Part 483 equirements for Long Term Care Facilities. 33.13(c) PROHIBIT ISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit istreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced of the property of the property of the property of the property. This REQUIREMENT is not met as evidenced of the property	DVIDER OR SUPPLIER AT WINCHESTER CARE & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) WIST BE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION) INTIAL COMMENTS Complaint investigation #39879 was completed with investigation from 10/31/16-11/1/16. efficiencies were cited under 42 CFR Part 483 equirements for Long Term Care Facilities. 33.13(c) PROHIBIT ISTREATMENT/NEGLECT/MISAPPROPRIATN in facility must develop and implement written oblicies and procedures that prohibit istreatment, neglect, and abuse of residents and misappropriation of resident property. The Center reserves the right to chain legal and/or regulatory or administrative proceedings the deficiency. The Center reserves the right to chain legal and/or regulatory or administrative proceedings the deficiency. The Center reserves the right to chain legal and/or regulatory or administrative proceedings the deficiency. The Center reserves the right to chain legal and/or regulatory or administrative proceedings the deficiency. The Center reserves the right to chain legal and/or regulatory or administrative proceedings the deficiency. The Center reserves the right to chain legal and/or regulatory or administrative proceedings the deficiency. The Center device of the deficiency. The Center reserves the right to chain legal and/or regulatory or administrative proceedings the deficiency. The facility was charged for Resident and the deficiency of the proceedings the deficiency. The facility was charged for Residents and the deficiency of the p	DORRECTION A45319 B. WING COMPLETED C C C 11/01/2016	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administratoe

(X6) DATE
11/14/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM APPROVED OMB NO. 0938-0391

CLIVIL	AS FOR WEDICARE	A MEDICAID SERVICES			MIN NO.	0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	PLE CONSTRUCTION 3	COM	E SURVEY PLETED
		445319	B. WING			C 01/ 2016
	PROVIDER OR SUPPLIER VS AT WINCHESTER (CARE & REHABILITATION CENTE	FR :	STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398	1	, III.
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 224	shift" Review of facility porevised 4/07 reveals all drugsIn a safe, mannerMedication be stored in a refrigoroom at the nurses' refrigeration should the refrigerator in a Medical record revise.	olicy, Storage of Medications, ed, "The facility shall store, secure, one requiring refrigeration must perator located in the drug stationNarcotics requiring be secured to the inside of locked box"	F 224	All residents have potential to be affected. A narcotic count on all medication carts and narcotics s in the medication room refrigerat conducted during facility investi on 10/08/16 by the Director of Nu with no discrepancies found. All medications were also found to be stored correctly at that time.	stored tor was igation ursing	
	on 11/26/14 with dia Psychotic Disorder Anxiety, Cerebral Af Heart Failure. The rhospice on 8/25/16 Medical record reviedated 8/27/16 revea as Ativan-Benzodiaz Intensol [solution] 2 milliliter] give 0.25 m needed for anxiety."	lity on 9/6/13 and readmitted agnoses including Alzheimer's, with Delusions, Depression, therosclerosis, and Congested resident was placed on and expired on 10/18/16. ew of a Physician's order aled "Lorazepam [also known zepine used to treat anxiety] mg/ml [milligrams per nl sublingual every 6 hours as 'The bottle contained 30 ml of	z.	3. What measure will be put in place systemic changes made to ensure the deficient practice will not recur. Licensed nursing staff were in-set by the Director of Nursing and State Development Coordinator on the Policy when facility investigation conducted. This was initiated on and completed on 11/11/16.	rviced aff Abuse was 10/9/16	
	Medication Administ Controlled Substand was administered Af and 10/4/16 at 9:00 was 29.5 ml. Review of a facility in occurrence date of 1 during change of shi	10/8/16 at 7:54 PM revealed		The facility's Medication Storage at Controlled Substances policy in-servicing was initiated on 10/9/and completed by 11/11/16 to ensure proper storage of medication narcotic counts, and immediately reporting any discrepancies found the Director of Nursing, will audit the parcotic controlled.	ions, / d to	

Practical Nurse (LPN) #1 and off going LPN #2

and reconciliations 3/x week x 4 weeks,

	TO TOTT WILL BIOT WILL	A MEDIO/ND OFFICE			0	MID NO.	0930-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION		E SURVEY PLETED
		445319	B. WING				C
		445319	D. WING			11/0	01/2016
WILLOW		CARE & REHABILITATION CENTE	R	3:	TREET ADDRESS, CITY, STATE, ZIP CODE 2 MEMORIAL DRIVE VINCHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
	Telephone interview 9:35 AM revealed the with [LPN #2] and whad been moved from it had been moved from it had been opened refrigerator and it will interview revealed the later I went to the possible of the facility had removing the Ativan cart on Tuesday [10] and going into [Resistation Ativan. I remembered head was at the fool of the room I told my him back to the head back in its box when room to help reposit locked it back in the in the room with me help move the residued because I used to bring it out with me help move the residued bed because I used to bring it out with maked where she had LPN #1 stated, "I real have been close to to of the bed, or the beconfirmed she was to the Ativan before it will interview with LPN # the conference room counted med cart C LPN #3 and she told	t #1's bottle of Ativan was	F 2		then weekly x 4 weeks, then monthly months to ensure compliance with narcotic counts, immediate reporting discrepancies to the Director of Nursand to ensure proper storage for medications requiring refrigeration. Thire licensed nurses will be in-service during their orientation period by the Director of Nursing or Staff Develop Coordinator. 4. How the facility will monitor its corrective actions to ensure the depractice will not reoccur. The Administrator or Director of Nursing will present results of the Narcotic and Reconciliation audit monthly Quality Assurance Performance Improvement Commitmentally General Directors of Nursing Services; Assistant Dof Nursing Services; Medical Director Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director Safety Representative/Staff Development Coordinator; Rehabilitation Director Coordinator; Coor	g of sing, All new sed sement ficient to the nittee sector irector sector;	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 445319 B. WING 11/01/2016 STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398

NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABILITATION CENTER PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) F 224 and Medical Records Director) x 4 months F 224 | Continued From page 3 #2 stated, "I failed to verify it was there." for further follow up and or Continued interview revealed on 10/8/16 at 7:00 recommendations as needed. PM during the countin of the narcotics on the med cart with LPN #1 it was discovered the bottle of Ativan was missing. Telephone interview with LPN #3 on 11/1/16 at Date of Compliance: 11/14/16 1:15 PM revealed she was told by LPN #4 on 10/5/16 at 7:00 PM during shift change and count of med cart C the Ativan for the resident was moved to the refrigerator in the med room. The LPN stated, "I did not check the refrigerator to see if it was there." LPN #3 confirmed the last time she saw the bottle of Ativan was on 10/2/16. Telephone interview with LPN #4 on 11/1/16 at 1:30 PM revealed "I was told by [LPN #1] on Wednesday 10/5/16 at 7:00 AM shift change and count of med cart C that the Ativan was moved to the refrigerator." The LPN confirmed she did not go check the refrigerator to verify the Ativan was there and stated, "I thought it was moved on Monday or Tuesday because [LPN #5] told us it's supposed to be stored in the refrigerator. I opened it on Sunday (10/2) and gave some to the resident and put it back in the cart. I counted with [LPN #6] around 1 or 2 PM and the count was correct, and the Ativan was there." Interview with the Director of Nursing (DON) on 11/1/16 at 3:00 PM in the conference room confirmed the facility failed to follow their policy and perform complete narcotic (controlled substance) counts and reconciliation from 10/5/16 at 7:00 AM through 10/8/16 at 7:00 AM... resulting in misappropriation of 29.5 mls of Ativan for Resident #1. F 431 483.60(b), (d), (e) DRUG RECORDS, F 431 F 431

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		SURVEY PLETED
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	PROVIDER OR SUPPLIER	CARE & REHABILITATION CENT	5 S	STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398	1 11/0	7172016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431 SS=D	LABEL/STORE DR The facility must en a licensed pharmac of records of receip controlled drugs in accurate reconciliat records are in order controlled drugs is reconciled. Drugs and biological labeled in accordant professional princip appropriate access instructions, and the applicable. In accordance with facility must store a locked compartment controls, and permit have access to the The facility must propermanently affixed controlled drugs list Comprehensive Dructontrol Act of 1976 abuse, except when package drug distrikted.	reploy or obtain the services of sist who establishes a system at and disposition of all sufficient detail to enable an sion; and determines that drug replay and that an account of all maintained and periodically als used in the facility must be ce with currently accepted les, and include the cry and cautionary expiration date when state and Federal laws, the lidrugs and biologicals in ats under proper temperature to only authorized personnel to keys. State and Federal laws, the state and Federal laws, the lidrugs and biologicals in ats under proper temperature to only authorized personnel to keys. State and Federal laws, the lidrugs and biologicals in ats under proper temperature to only authorized personnel to keys.	F 431	1. How the corrective action(s) will accomplished for those residents for the have been affected by the deficing practice. Resident #1 expired on 10/18/16. 2. How the facility will identify other residents having potential to be affected by the same deficient practice. All residents have potential to be affected. A narcotic count on all medication carts and narcotics stothe medication room refrigerator conducted during facility investig on 10/08/16 by the Director of Nuwith no discrepancies found. All medications were also found to be correctly at that time. 3. What measure will be put in place systemic changes made to ensure the deficient practice will not recur.	er fected cored in was lation rsing e stored	11/14/16
	by:	IT is not met as evidenced		The facility's Medication Storage a	and	

FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		
		445319	B. WING_		11/0	01/2016
	SUMMARY STA	CARE & REHABILITATION CENTE TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398 PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETION DATE
		· ·		DEFICIENCY)	D BE PRIATE COMPLET DATE 6 to ons, reporting ctor of onts and of the open complete op	
F 431	review, observation failed to properly ste (Benzodiazepine manxiety) in the medito manufacturer's relabled by the pharm residents reviewed. The findings include Review of facility porevised 4/07 revealed all drugsin a safe, mannerMedication be stored in a refrigoroom at the nurses' substances] requiring secured to the inside locked box" Medical record reviewed admitted to the facility on 11/26/14 with dia Alzheimer's, Psychologoperession, Anxiety and Congested Heart in the manufacture of the same congested Heart in the manufacturer's properties of the same congested Heart in the manufacturer's properties of the same congested heart in the manufacturer's properties of the same congested heart in the manufacturer's properties of the same congested heart in the manufacturer's properties of the same congested heart in the manufacturer's properties of the same congested heart in the same congested heart in the manufacturer's properties of the same congested heart in the same congested he	, and interview, the facility ore liquid Ativan edication used to treat facility or according ecommendations and as facy for 1 resident (#1) of 3 ed: blicy, Storage of Medications, ed, "The facility shall store secure, ins requiring refrigeration must erator located in the drug stationNarcotics [controlled ing refrigeration should be e of the refrigerator in a ew revealed Resident #1 was ity on 9/6/13 and readmitted	F 43	in-servicing was initiated on 10/9/19 and will be completed by 11/14/16 ensure proper storage of medication narcotic counts, and immediately rany discrepancies found. The Direct Nursing will audit the narcotic cour reconciliations 3/x week x 4 weeks weekly x 4 weeks, then monthly for 2 months to ensure compliance with narcotic counts, immediate reporting discrepancies to the Director of Nurand to ensure proper storage for medications requiring refrigeration. hire licensed nurses will be in-served during their orientation period by the Director of Nursing or Staff Develor Coordinator. 4.How the facility will monitor its corrective actions to ensure the depractice will not reoccur.	to ons, eporting ctor of ots and then r h og of rsing, All new iced ne pment	
	8/27/16 revealed "Ativan-Benzodiazep Intensol [solution] 2 milliliter] give 0.25 n needed for anxiety." the medication.	ew of a Physicians order dated Lorazepam [also known as ine used to treat anxiety] mg/ml [milligrams per al sublingual every 6 hours as The bottle contained 30 ml of medication room refrigerator		The Administrator or Director of will present results of the Narco Reconciliation audit to the month Quality Assurance Performance Improvement Committee (member include Committee Chairperson - Administrator; Director of Nursin	tic and nly ers	

on 10/31/16 at 9:30 AM, with the Director of

Services; Assistant Director of Nursing

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 4. BUILDING C C 11/01/2016 NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED C 11/01/2016 STREET ADDRESS, CITY, STATE, ZIP CODE WINCHESTER, TN 37398	OFIAIF	NO I OIL WEDIOMILE	G WEDIONID SERVICES				VID IVO.	0000-0001
NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABILITATION CENTER X49 ID PREFIX TAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) MUST BE PRECEDED BY FULL TAGE X49 ID PREFIX TAGE COntinued From page 6 Nursing (DON) revealed a locked refrigerator requiring a key to open and a clear plastic locked narcotic (controlled substance) box inside the refrigerator requiring a separate key. No narcotics were present at this time inside the narcotic box. Observation and interview with the Pharmacy Consultant and the DON on 11/1/16 at 9:00 AM, in the medication room revealed the disposal container for wasted medications was opened. Continued observation revealed a 30 ml bottle of Ativan inside the box for Resident #1. The box had a label added by the pharmacy that read "Refrigerate" in light blue letters located at the bottom of the box. Continued observation revealed instructions to store at 36-46 degrees Fahrenheit were included on the outside of the box of Ativan. The Pharmacy Consultant and DON confirmed the Ativan was to be stored in the medication refrigerator when it was received at the facility. Telephone interview with Licensed Practical		DIAN OF CORRECTION I DENTIFICATION NUMBER.			(X3) DATE SURVEY COMPLETED			
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FRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 431 Continued From page 6 Nursing (DON) revealed a locked refrigerator requiring a key to open and a clear plastic locked narcotic (controlled substance) box inside the refrigerator requiring a separate key. No narcotics were present at this time inside the narcotic box. Observation and interview with the Pharmacy Consultant and the DON on 11/1/16 at 9:00 AM, in the medication room revealed the disposal container for wasted medications was opened. Continued observation revealed a 30 ml bottle of Ativan inside the box for Resident #1. The box had a label added by the pharmacy that read "Refrigerate" in light blue letters located at the bottom of the box. Continued observation revealed instructions to store at 36-46 degrees Fahrenheit were included on the outside of the box of Ativan. The Pharmacy Consultant and DON confirmed the Ativan was to be stored in the medication refrigerator when it was received at the facility. Telephone interview with Licensed Practical					S:	2 MEMORIAL DRIVE	11/0	01/2016
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the Ativan for Resident #1 had been stored in the medication cart. Interview with LPN #2 on 11/1/16 at 11:00 AM, in the conference room revealed, "After a dose of Ativan was given, it had been kept on the cart, not in the refrigerator." Telephone interview with LPN #3 revealed, "The box (of Ativan) had a label on it to refrigerate." When asked why it was stored in the medication cart, the LPN stated, "I'm not sure. They told us in an in-service to refrigerate it when it comes from the pharmacy."		Nursing (DON) reverequiring a key to on narcotic (controlled refrigerator requirin were present at this Observation and into Consultant and the in the medication recontainer for waster Continued observation inside the behad a label added to "Refrigerate" in light bottom of the box. Or revealed instruction Fahrenheit were incomposed for the medication refrigerate the facility. Telephone interview Nurse (LPN) #1 on the Ativan for Reside medication cart. Interview with LPN at the conference room Ativan was given, it in the refrigerator." Telephone interview box (of Ativan) had a When asked why it cart, the LPN stated an in-service to refri	ealed a locked refrigerator pen and a clear plastic locked substance) box inside the g a separate key. No narcotics it time inside the narcotic box. Serview with the Pharmacy DON on 11/1/16 at 9:00 AM, from revealed the disposal dimedications was opened. It is to revealed a 30 ml bottle of fox for Resident #1. The box by the pharmacy that read to blue letters located at the Continued observation is to store at 36-46 degrees bluded on the outside of the Pharmacy Consultant and Ativan was to be stored in the lator when it was received at 11/1/16 at 9:35 AM confirmed ent #1 had been stored in the lator when it was received in the lator with the lator when it was received at 11/1/16 at 9:35 AM confirmed ent #1 had been stored in the lator with LPN #3 revealed, "The label on it to refrigerate." With LPN #3 revealed, "The label on it to refrigerate." Was stored in the medication in the medication in the medication in the medication in the model with the label on it to refrigerate."	F		Pharmacy Representative; Social S Director; Activities Director; Environs Director/ Safety Representative; Infe Control Representative/Staff Develo Coordinator; Rehabilitation Director; Medical Records Director) x 4 month further follow up and or recommend as needed.	ervices mental ection pment and	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		E SURVEY PLETED
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		445319	B. WING _		11/0	01/2016
	PROVIDER OR SUPPLIER	CARE & REHABILITATION CENTE	:R	STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	Continued From pa Telephone interview 1:30 PM revealed, " [10/2], gave it, and pasked if the Ativan v LPN stated, "I hone Interview with the D the conference roor	age 7 w with LPN #4 on 11/1/16 at "I opened it [Ativan] on Sunday put it back in the cart." When was labeled to refrigerate the estly didn't look." DON on 11/1/16 at 3:00 PM, in m confirmed the facility failed e medication refrigerator as	F 43	DEFICIENCY)		